

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

ADDRESS (number and street)

26220 ENTERPRISE COURT

☐Check if different
than previously
reported. (ACC)

LAKE FOREST

CA

92630

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00240218

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RAOUL SMYTH

Signature of Treasurer

Electronically Filed by RAOUL SMYTH

Date

07

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 33

Write or Type Committee Name

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		9587.60
(b) Cash on Hand at Beginning of Reporting Period	5485.15	
(c) Total Receipts (from Line 19)	21409.45	66557.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26894.60	76144.60
7. Total Disbursements (from Line 31)	17950.00	67200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8944.60	8944.60
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 33

Write or Type Committee Name

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	18436.95	41743.15
(ii) Unitemized	2972.50	23813.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21409.45	65557.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21409.45	65557.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21409.45	66557.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21409.45	66557.00

DETAILED SUMMARY PAGE

of Disbursements

4 / 33

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16950.00	64200.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	1000.00	3000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17950.00	67200.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17950.00	67200.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 33

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	21409.45	65557.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21409.45	65557.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Thomas J. Barron

Mailing Address 48 Summit Ave

City

Quincy

State

MA

Zip Code

02170-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Divison VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5938

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Robin Barton

Mailing Address 23082 Mullin Rd

City

Lake Forest

State

CA

Zip Code

92630-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP, Revenue Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5820

Amount of Each Receipt this Period

525.00

Payroll Deduction

(\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael A. Bates

Mailing Address 740 W Tess Ln

City

Round Lake

State

IL

Zip Code

60073-5677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area Operations Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: 129-P5255

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Doreen R Bellucci

Mailing Address 2 Brigmore Aisle

City

Irvine

State

CA

Zip Code

92603-5720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5821

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Donna S Blake

Mailing Address 14107 Pembroke St

City

Leawood

State

KS

Zip Code

66224-4553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5822

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

James C Bowers

Mailing Address 256 Aerie Ct

City

Roseville

State

CA

Zip Code

95661-4063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5823

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Richard D. Brady

Mailing Address 9910 Camberly Ct

City

Granite Bay

State

CA

Zip Code

95746-6653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5940

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mark A Centolella

Mailing Address 8304 Codys Cors

City

Cicero

State

NY

Zip Code

13039-7921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5826

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Kirby Combs

Mailing Address 320 Urbano Dr

City

San Francisco

State

CA

Zip Code

94127-2869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5827

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Kenneth A. Common

Mailing Address 1238 N Raymond Ave

City

Fullerton

State

CA

Zip Code

92831-2048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Real Estate Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5939

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Deborah J Crimmins

Mailing Address 4 Blossom Hill Ct

City

Rexford

State

NY

Zip Code

12148-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Strat Bus Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5828

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Karen Cultrera

Mailing Address 66 Kendall Hill Rd

City

Mont Vernon

State

NH

Zip Code

03057-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Infusion Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5885

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Mark P Destephano

Mailing Address PO Box 594

City

Charlton

State

MA

Zip Code

01507-0594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5829

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael K Dwyer

Mailing Address 408 W State St

City

Burlington

State

WI

Zip Code

53105-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area Operations Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5830

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Stephen L Foreman

Mailing Address 5 Hempstead St

City

Ladera Ranch

State

CA

Zip Code

92694-0229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ancillary Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5832

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Matthew J Gallagher

Mailing Address 5 Safeguard Pl

City

Irvine

State

CA

Zip Code

92602-0757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Sales Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5833

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Lisa M Getson

Mailing Address 24806 Oxford Dr

City

Laguna Niguel

State

CA

Zip Code

92677-8870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP Govt Rel/Invst Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5834

Amount of Each Receipt this Period

525.00

Payroll Deduction

(\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Steven D Gradwell

Mailing Address 1549 W Saltsage Dr

City

Phoenix

State

AZ

Zip Code

85045-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5835

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Michael A Graves

Mailing Address 7430 Lombardi Dr

City

Plainfield

State

IN

Zip Code

46168-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir, Enteral Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5836

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

William Guidetti

Mailing Address 16833 Melrose Street

City

Overland Park

State

KS

Zip Code

66062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

955.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5838

Amount of Each Receipt this Period

420.00

Payroll Deduction

(\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Judith L. Hanna

Mailing Address 1418 Marietta Ave

City

Lancaster

State

PA

Zip Code

17603-2446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Infusion Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5894

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Dwayne A Hargis

Mailing Address 926 Ironwood Trl

City

Greenwood

State

IN

Zip Code

46143-3042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5839

Amount of Each Receipt this Period

315.00

Payroll Deduction

(\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Paul L Heuvel

Mailing Address 1513 Via Tulipan

City

San Clemente

State

CA

Zip Code

92673-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Billing Center Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5840

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Lawrence Mead Higby

Mailing Address 218 Via Lido Nord

City

Newport Beach

State

CA

Zip Code

92663-4608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Chief Exec Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3077.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5841

Amount of Each Receipt this Period

1076.95

Payroll Deduction

(\$153.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1671.95

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Robert S Holcombe

Mailing Address 38 Oakbrook

City

Coto de Caza

State

CA

Zip Code

92679-4742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5842

Amount of Each Receipt this Period

525.00

Payroll Deduction

(\$75.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Shari A. Jeter

Mailing Address 9867 W Berry Dr

City

Littleton

State

CO

Zip Code

80123-7405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5897

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Daniel A Johnson

Mailing Address 9275 NE 125th PI

City

Kirkland

State

WA

Zip Code

98034-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5844

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Anthony R. Kilgore

Mailing Address 112 Interlachen Ct

City

Avondale

State

PA

Zip Code

19311-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5899

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kevin D Kinsey

Mailing Address 8314 City Lights Dr

City

Aliso Viejo

State

CA

Zip Code

92656-2663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Enterprise Architecture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5845

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Susan C. Kirchhof

Mailing Address 3960 W Saragosa St

City

Chandler

State

AZ

Zip Code

85226-4979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area Operations Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5900

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Jerome D Lafontaine

Mailing Address 8445 S Newcombe St

City

Littleton

State

CO

Zip Code

80127-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5846

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Melissa Leone

Mailing Address 150 Bear Path Rd

City

Hamden

State

CT

Zip Code

06514-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Director Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5903

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Jeri L Lose

Mailing Address 5 Loam

City

Coto de Caza

State

CA

Zip Code

92679-5225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP, Chief Information

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5847

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey R. Lyons

Mailing Address 12844 Bluejacket St

City

Overland Park

State

KS

Zip Code

66213-3435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5904

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Winborne T Macphail

Mailing Address 4406 Staghorn Ct

City

Greensboro

State

NC

Zip Code

27410-8285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5848

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Lawrence Mastrovich

Mailing Address 5 Flax Ct

City

Coto de Caza

State

CA

Zip Code

92679-5133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5849

Amount of Each Receipt this Period

700.00

Payroll Deduction

(\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

William C. McCall

Mailing Address 16 Flaxwood

City

Irvine

State

CA

Zip Code

92614-7547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area Operations Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5907

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael F. McGrath

Mailing Address 1209 Reggio Aisle

City

Irvine

State

CA

Zip Code

92606-0855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir. Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5908

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael L. McKinney

Mailing Address 209 Nunzia Ct

City

Roseville

State

CA

Zip Code

95661-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5850

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

595.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Dean W. Milligan

Mailing Address 521 Andalusian Rd

City

Schwenksville

State

PA

Zip Code

19473-1882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5912

Amount of Each Receipt this Period

420.00

Payroll Deduction

(\$60.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

William E Monast

Mailing Address 6 Brentwood

City

Coto de Caza

State

CA

Zip Code

92679-4819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5851

Amount of Each Receipt this Period

525.00

Payroll Deduction

(\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Theresa A Noble

Mailing Address 41427 N Laurel Valley Way

City

Anthem

State

AZ

Zip Code

85086-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5852

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Dena R Parker

Mailing Address 233 Sandcastle

City

Aliso Viejo

State

CA

Zip Code

92656-3839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Sr. VP, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5854

Amount of Each Receipt this Period

525.00

Payroll Deduction

(\$75.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Bharat Patel

Mailing Address 10251 Sherwood Cir

City

Villa Park

State

CA

Zip Code

92861-4531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5855

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Norman C. Payson

Mailing Address 453 Beech Hill Rd

City

Hopkinton

State

NH

Zip Code

03229-2674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: 145

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Pamela P. Peck

Mailing Address 120 Westwood Rd

City

Woodbury

State

CT

Zip Code

06798-2722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5914

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Rose M. Peirce

Mailing Address 4508 Oak Tree Ct

City

Lawrence

State

KS

Zip Code

66049-3894

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Infusion Acct Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5915

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mark A Pietrow

Mailing Address 13205 Granada Dr

City

Leawood

State

KS

Zip Code

66209-4182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5856

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

595.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Michael Polgardy

Mailing Address 57 Pathstone

City

Irvine

State

CA

Zip Code

92603-0171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5917

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Peter C Racine

Mailing Address 32 Las Pisadas

City

Rancho Santa Marg

State

CA

Zip Code

92688-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Supply Chain Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5857

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Norma G. Reynard

Mailing Address 744 W Juniper Ln

City

Litchfield Park

State

AZ

Zip Code

85340-6013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division Revenue Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5921

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

595.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Peter A. Reynolds

Mailing Address 1934 Port Locksleigh PI

City

Newport Beach

State

CA

Zip Code

92660-6616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Chief Acctg Ofcr & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5923

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kimberlie K Rogers-Bowers

Mailing Address 91 E Chevalier Ct

City

Eighty Four

State

PA

Zip Code

15330-2691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Sr VP Reg Affairs & Acq I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5858

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

William F Ryan

Mailing Address 21832 Delicia Dr

City

Trabuco Canyon

State

CA

Zip Code

92679-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Corporate Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5859

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Garrett Y Saito

Mailing Address 28 Flintstone

City

Aliso Viejo

State

CA

Zip Code

92656-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
VP Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5860

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Tami Salley

Mailing Address 304 Oak Ridge Dr

City

Venetia

State

PA

Zip Code

15367-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5861

Amount of Each Receipt this Period

420.00

Payroll Deduction

(\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Scott M Sasserson

Mailing Address 121 Deer Run Dr

City

Colchester

State

CT

Zip Code

06415-1861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5862

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Richard H. Scholl

Mailing Address 7 Slater Dr

City

Stony Point

State

NY

Zip Code

10980-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional Clinical Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5925

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

David C Sears

Mailing Address 119 Cobham Lane Roa

City

Cabot

State

PA

Zip Code

16023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5863

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

David L. Slack

Mailing Address 1 Via Lavendera

City

Rancho Santa Marg

State

CA

Zip Code

92688-1472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir IS Support Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5928

Amount of Each Receipt this Period

140.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Raoul Smyth

Mailing Address 11 Ensueno E

City

Irvine

State

CA

Zip Code

92620-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5864

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Gregory A Tewell

Mailing Address 213 N Willow Springs Rd

City

Orange

State

CA

Zip Code

92869-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Business Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5866

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$30.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Andrew Cameron Thompson

Mailing Address 20 Westchester Ct

City

Coto de Caza

State

CA

Zip Code

92679-4956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5867

Amount of Each Receipt this Period

525.00

Payroll Deduction

(\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Deanna P Thompson

Mailing Address 177 Montalvo Rd

City

Redwood City

State

CA

Zip Code

94062-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5868

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Barbara S Underwood

Mailing Address 370 Oakwood Ct

City

Palatine

State

IL

Zip Code

60067-7729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5869

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Scott R Van Hoose

Mailing Address 191 University Blvd # 817

City

Denver

State

CO

Zip Code

80206-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5870

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Andrew Wagner

Mailing Address 670 Carson Ct

City

Carmel

State

IN

Zip Code

46033-9744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional Logistics Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5871

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey H West

Mailing Address 6525 Ganton Dr

City

Duluth

State

GA

Zip Code

30097-7882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5873

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mark W. Wilder

Mailing Address 203 Hillcrest Ave

City

Batesville

State

IN

Zip Code

47006-4312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5933

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Jonilyn G. Wilkins

Mailing Address 2013 Killearn Mill Ct

City

Cary

State

NC

Zip Code

27513-4293

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5934

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Gaylord A. Wilson

Mailing Address 2 Empire Forest Pl

City

The Woodlands

State

TX

Zip Code

77382-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: 144-P5935

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

18436.95

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

1000.00

200.00

2250.00

3450.00

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 33

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A. Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMMITTEE	Transaction ID: 139 Date of Disbursement
Mailing Address 310 FIRST STREET SE	<div> <div>07</div> <div>25</div> <div>2008</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>2500.00</div>
Candidate Name REPUBLICAN NATIONAL COMMITTEE	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: 130 Date of Disbursement
Mailing Address 2021 E Dublin Granville Road	<div> <div>08</div> <div>18</div> <div>2008</div> </div>
City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution to House Candidate	<div>1000.00</div>
Candidate Name PATRICK J TIBERI	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) UDALL FOR COLORADO	Transaction ID: 132 Date of Disbursement
Mailing Address PO BOX 40158	<div> <div>08</div> <div>25</div> <div>2008</div> </div>
City DENVER State CO Zip Code 80204	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution to Senate Candidate	<div>2500.00</div>
Candidate Name MARK E UDALL	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A. Full Name (Last, First, Middle Initial)
VOINOVICH FOR SENATE COMMITTEE

Mailing Address 865 MACON ALLEY

City COLUMBUS State OH Zip Code 43206

Purpose of Disbursement
Contribution to Senate CandidateCandidate Name
GEORGE V VOINOVICH011
Category/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: 134

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 8

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
VOINOVICH FOR SENATE COMMITTEE

Mailing Address 865 MACON ALLEY

City COLUMBUS State OH Zip Code 43206

Purpose of Disbursement
contribution to Senate CandidateCandidate Name
GEORGE V VOINOVICH011
Category/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: 136

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Amount of Each Disbursement this Period

1500.00

Redesignation - Q3 2008

C. Full Name (Last, First, Middle Initial)
VOINOVICH FOR SENATE COMMITTEE

Mailing Address 865 MACON ALLEY

City COLUMBUS State OH Zip Code 43206

Purpose of Disbursement
Contribution to Senate CandidateCandidate Name
GEORGE V VOINOVICH011
Category/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: 137

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Amount of Each Disbursement this Period

3500.00

Redesignation - Q3 2008

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

TOTAL This Period (last page this line number only) ▶

16950.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Together For Ohio 2008

Mailing Address 228 S. Washington St. Suite 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
contribution

Candidate Name
Together For Ohio 2008

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 138

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00